# Self-Certification Statement and Application for United States Postal Service® FASTforward<sup>a</sup> Licensee

Ple	ease Print		
Lic	censee Name:		
Lic	censee Address:		
Ve	endor Company Name:		
Tax	x Identification No (TIN)	: Telephone No.:	
Fax	x No.:		
Poi	int of Contact:		
Par	rent Company (if applical	ble):	
	TERMS AND	CONDITIONS OF APPLICATION FOR LICENSE	
1.	The United States Postal Service <i>FASTforward</i> technology, as stated in the License Agreement, may only be used to prepare mail for the purpose of acceptance and delivery by the USPS® (United States Postal Service®) or to provide address information that will be used to correct addresses for the same purpose.		
2.	Prior to consideration for a <i>FASTforward</i> license, I, as a potential Licensee, must demonstrate that the multiline optical character reader(s) (MLOCR) to be <i>FASTforward</i> -enhanced will have obtained and will keep current a USPS MASS <sup>TM</sup> (Multiline Accuracy Support System) certification.		
3.	demonstrate, in accorda	or a FASTforward license, I, as a potential Licensee, must nee with Section 6.1 of the Licensee Performance Requirements, that sed, leased, or created) an MLOCR system(s) that has been USPSward capable.	
4.	No FASTforward license will be granted to me prior to USPS acceptance testing and approval of my specific MLOCR platform at my site.		
I, r	my company, and/or firi	e read and fully understand the terms and conditions listed above. In agree to meet these terms and conditions as a prerequisite to a USPS FASTforward License Agreement.	
Na	me (please print):		
Tit	tle:		
Sig	gnature:	Date:	

## FASTforward<sup>a</sup> Multiline Optical Character Reader (MLOCR) Potential Licensee Survey

LICENSING CONTAC	CT: (Primary cor	ntacts for li	censing issues)	
Company Name:				
Address:				
City:		State:		ZIP+4:
Phone: ()	-	Ext:		FAX: ( ) -
Primary Contact:				
Phone: ( )	-		Email:	
Alternate Contact				
Phone: ( )	-		Email:	
Alternate Contact				
Phone: ( )	-		Email:	
			<u> </u>	
SITE CONTACT: (Lo	cation of FASTfo	rward syst	em)	
Company Name:				
Address:				
City:		State:		ZIP+4: -
Phone: ()	_	Ext:		FAX: ( ) -
Primary Contact:				
Phone: ( )	-		Email:	_
Alternate Contact			_	
Phone: ( )	-			
Alternate Contact				
Phone: ( )	_		Emoil:	
( )				
MEDIA CONTACT: (  Company Name:  Address:	Primary contacts		, ,	
City:		State:		ZIP+4: -
Phone: ()		Ext:		FAX: ( ) -
Primary Contact:		_ LAL		
Phone: ( )			Email:	
Alternate Contact	-		_ Liliali	_
_			Emoil	
Phone: ( )	-		Email:	
Alternate Contact			Empil:	
Phone: ( )	-		Email:	

## FASTforward<sup>a</sup> Multiline Optical Character Reader (MLOCR) Potential Licensee Survey

Company Name:				
Address:				
City:		State:		ZIP+4: -
Phone: ()		Ext:		FAX: ZIP+4:
Primary Contact:		_		
Phone: ( )	-		Email:	
Alternate Contact				
Phone: ( )	-		Email:	
Alternate Contact			<u> </u>	
Phone: ( )	-		Email:	
Commons Nomes				S RIBBS Website YES NO)
Company Name:				
Address:		Ctata		ZIP+4: -
City: Phone: ( )	_	_ State: _ Ext:		FAX: ( ) -
Primary Contact:		_ Ext		FAX: ( ) -
Phone: ( )	-		Fmail:	
Alternate Contact			_ Linan	
Phone: ( )	-		Email:	
Alternate Contact				
Phone: ( )	-		Email:	
VV-1				
Customer Service Ema	'1			
Customer Service Pho	ne:			
Customer Service Ema Customer Service Pho BILLING CONTACT	ne:			
Company Name:				
Address:		Ctata		7ID+4-
City:		_ State: _		ZIP+4:
	_	_ Ext: _		FAX: ( ) -
Phone: ()				
Phone: ( ) Primary Contact:			Email.	
Phone: ( ) Primary Contact: Phone: ( )	-		Email:	
Phone: ( ) Primary Contact: Phone: ( ) Alternate Contact	-			
Phone: ( ) Primary Contact: Phone: ( ) Alternate Contact Phone: ( )	-			
Phone: ( ) Primary Contact: Phone: ( ) Alternate Contact	-			

#### FASTforward<sup>a</sup> Multiline Optical Character Reader (MLOCR) Potential Licensee Survey

Name: _				
Address:			Ctata	7ID : 4.
City:Phone:	( )	-	State: Ext:	ZIP+4: FAX:( )
MLOCR M	<b>MACHINE</b>	OPERATO!	R CONTACT:	
Name:				
Address:				
Address: City:			State:	ZIP+4: -
	( )	-	State:Ext:	FAX: ZIP+4:
City: _ Phone:	( )  our intended	use of <i>FAST</i>	Ext:	
City:Phone:			Ext:	
City:Phone:	Service Pr	use of <i>FAST</i> ovider Only Processing O	Ext:	

How many USPS FASTforward systems are you requesting?

### FASTforward<sup>a</sup> Multiline Optical Character Reader (MLOCR) Potential Licensee Information

List all holidays observed by your facility, in	ncluding those	on which the facil	ity is closed.	
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	<del>-</del>			

Normal facility hours of operation:

Daily Work Schedule		
Day	Hours of Operation	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Expected normal hours of *FASTforward* operation:

Expected norman i	iouis of Tribijorwara operatio	
Schedule for FASTforward processing		
Day	Hours of Operation	
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

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#### FASTforward<sup>a</sup> Multiline Optical Character Reader (MLOCR) Equipment Information

NOTE: This page may be copied for multiple systems. A <u>completed form</u> must be submitted for each system.

Telephone number connected  (	and dedicated <u>ONLY</u> to the USPS <i>FASTforward</i> system at all times:		
	MLOCR Manufacturer Information		
Contact Name	MLOCK Manufacturer Information		
Vendor Name			
Mailing Address			
Telephone Number			
	Hardware Information		
Model #			
Serial #			
Transport and Belt Speed			
Inkjet Printer and Model #			
Optics (list all cameras)			
	Software Information		
Character Recognition Software and Version Number			
CASS Certified <sup>TM</sup> Software at Number	CASS Certified <sup>TM</sup> Software and Version Number		
Number of MLOCR machine	s that will be attached to this USPS FASTforward system:		